

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 541598** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		2						
4	(1)							
5	(1)							
6	(1)							
7	(1)							
8	(1)							
9	1							
10		1						
11		2						
12	(1)							
13	(1)							
14	1							
15		1						
16		2						
17	(1)							
18	(1)							
19	(1)							
20	1							
21		1						
22		2						
23	(1)							
24	(1)							
25	1							
26		1						
27		1						
28	3							
29	(1)							
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31	(1)							
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TOTAL IND.	8		↓		↓		↓	
TOTAL DEP.	35	↔		↔	↔	↔		
TOTAL CLAIMS	43							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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99								
100								
TOTAL IND.			↓		↓		↓	
TOTAL DEP.		↔		↔	↔	↔		
TOTAL CLAIMS								